



# Athens-Hocking-Vinton

Alcohol, Drug Addiction and Mental Health Services Board

## ONE-TIME CAPACITY BUILDING PRE-APPLICATION OVERVIEW

Save this copy for your records. Submit all below information [at this link](#).

### A. APPLICANT INFORMATION: WILL BE COMPLETED IN ONLINE FORM

Organization Name	
Address	
Main Phone	
Main Fax	
Website	
PRIMARY CONTACT FOR APPLICANT ORGANIZATION (PRESIDENT/CEO)	
Name & Title	
Email	
PRIMARY CONTACT FOR APPLICATION (IF DIFFERENT FROM ABOVE)	
Name & Title	
Email	
PRIMARY CONTACT FOR FISCAL	
Name & Title	
Email	
APPLICANT ELIGIBILITY	
Is the applicant certified per ORC 5119.35, 5119.36	
Legal Name on Tax Documents	
Tax ID # (EIN)	
Tax Status & Designation	

**B. PROJECT SUMMARY: WILL BE COMPLETED IN ONLINE FORM**

<b>Project Title</b>	
Organization Annual Budget (this year)	\$
Total Project Budget	\$
Request Amount from 317 Board	\$
Funding Use Description. <i>Such as training, equipment, renovation, technology, consultant, etc.</i>	
Purpose of Request. <i>In one or two sentences starting with "To . . . summarize what the project seeks to accomplish.</i>	
Funding Purpose Type	
Project Start Date	
Project End Date	

The narrative for sections C-D must not exceed two pages. Font size must not be less than 12-point and margins must be at least 1-inch on all sides. The narrative will be uploaded as an attachment to the [online form](#).

### C. APPLICANT INFORMATION AND PROJECT ALIGNMENT

1. What is the mission of your organization?
2. Who does your organization serve and how? If your organization has not received prior funding from the 317 Board, please provide additional information about your organization: organization's history, communities served, successes addressing the goals related to your project, etc.
3. How does the proposed project advance the mission of your organization?
4. How does the proposed project align with the community-based continuum of care as defined in ORC 340.032?

### D. PROJECT DESCRIPTION

1. Describe the proposed project.
2. What challenges does this project address?
3. Describe the target population who would benefit from the project. Describe how the target population is vulnerable, experiencing high levels of behavioral health needs or risks. Describe how the program intervenes prior to criminal justice and inpatient and residential treatment.
4. Explain why the project and proposed activities are essential to the community continuum of care and why other funding sources are not available to address this need.
5. If the program does not currently have an office in Hocking County, explain how services will be provided in the county or provide access to the program. Provide the address(es) of any sites.
6. Briefly describe key staff or volunteers responsible for managing the project and delivering the intended outcomes and project. Include names if staff are already identified. If staff are not identified, please describe your ability to implement given current workforce shortages.
7. Explain what additional funding or resources will be leveraged as a result of implementing the project and what percentage of the project is covered by other resources. Explain if other resources are already committed or the likelihood and timeline for securing other resources. If this is for a new building, indicate if there is site control or plans for securing site control. If the project serves non-Hocking County residents and/or is not located in Hocking County, provide a clear explanation of the other funding to cover these costs.
8. Explain how the project will be sustained following the funding period. If sustainability is dependent upon grants or fund-raising, provide evidence of this funding source.
9. How many Hocking County residents currently benefit from this program?

- a. How many new/additional Hocking County residents will benefit as a result of this proposal?
  - b. If non-Hocking County residents are served in this program, clearly define the number/percentages for Hocking County residents vs. non-Hocking county residents.
10. What outcomes will you measure?
11. List your project partners and their roles.